

**APPLICATION FOR AN ABSENTEE BALLOT FOR THE
JUNE 6, 2006 GUBERNATORIAL PRIMARY ELECTION**

This application must be received by the elections official no later than 5:00 pm on **May 30, 2006.**

**FOR OFFICIAL USE
ONLY**

1. PRINT NAME:

2. DATE OF BIRTH

First Name

Middle Name (or initial)

Last Name

mo/day/yr

3. RESIDENCE ADDRESS IN PLACER COUNTY (please print):

Number and Street (P.O. Box not acceptable)

(Designate N,S,E,W if used)

4. TELEPHONE:()

City

Zip

Daytime

5. PRINT MAILING ADDRESS FOR BALLOT (if different from above):

NOTE: Organizations distributing this form may not preprint mailing address information.

Number and Street/ P.O Box

(Designate N,S,E,W if used)

City

State

Zip Code

6. ☐ I am not presently affiliated with any political party. However, for this primary election only, I request an absentee ballot for the _____ Party*

NOTE: Organizations distributing this form may not preprint check mark or political party name.

7. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT.

I have not applied for, nor do I intend to apply for, an absentee ballot for this election by any other means. I certify under penalty of perjury under the laws of the State of California that the name and residence address on this application are true and correct.

Signature

Date

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

8. THIS FORM WAS PROVIDED BY

If you would like to be a permanent absentee voter please mark an X in the box ☐

An absentee ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Absentee Voter status and you will need to reapply. If you have any questions concerning voting by Absentee Ballot, telephone your county of residence Election office. Election Code Sections 3201 and 3206.

You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside. This address is:
Placer County Elections
2956 Richardson Dr.
PO Box 5278
Auburn, CA 95604
Phone: 530-886-5650 or
1-800-824-8683 (within California)
Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

* In order to determine which parties allow Decline to State voters to vote in their primary elections, contact the Secretary of State's toll-free number: 1-800-345-8683

Elections Code Section 3006(c)

The format used on this application MUST be used by ALL individuals, organizations and groups that distribute absentee ballot applications. Elections Code Section 3007

Failure to conform to this format may result in criminal prosecution. Elections Code Section 18402